Amendments to the Claims

Please cancel claims 1-64, 107-119, 121, and 122 without prejudice.

The following listing of claims will replace all prior versions and/or listings of claims in the application:

Listing of Claims:

1-64. (cancelled)

65. (original): A method for inserting a spinal stabilization system in a human spine, comprising:

making an incision in skin near human vertebrae to be stabilized;

pulling the incision toward a first one of the human vertebrae to be stabilized;

inserting a first bone fastener assembly in the incision and securing the first bone fastener assembly to the first human vertebra;

pulling the incision toward a second one of the human vertebrae to be stabilized; and

inserting a second bone fastener assembly in the incision and securing the second bone fastener assembly to the second human vertebra.

66. (original): The method of claim 65, wherein the incision is made in skin above and substantially between the human vertebrae to be stabilized.

67. (original): The method of claim 65, wherein insertion angles of the bone fastener assemblies are determined by patient anatomy.

68. (original): The method of claim 65, further comprising creating a tissue plane between the first bone fastener assembly and the second human vertebra to be stabilized.

69. (original): The method of claim 68, wherein the tissue plane is substantially trapezoidal.

70. (original): The method of claim 68, further comprising releasing the incision before creating the tissue plane.

71. (original): The method of claim 65, further comprising using an estimating tool to estimate a length of an elongated member needed to couple the bone fastener assemblies.

72. (original): The method of claim 65, wherein the first bone fastener assembly is coupled to a first sleeve, and wherein the second bone fastener assembly is coupled to a second sleeve.

73. (original): The method of claim 72, wherein an angle of at least one of the sleeves relative to a surface of the skin may be adjusted to maintain a size of the incision.

74. (original): The method of claim 72, further comprising guiding an elongated member down channels in the sleeves, through the incision, and through a tissue plane toward the bone fastener assemblies.

75. (original): The method of claim 74, further comprising bending the elongated member before inserting the elongated member in the sleeves, wherein the elongated member is bent to inhibit increasing a length of the incision.

76. (original): The method of claim 72, wherein relative movement of the sleeves is substantially unconstrained prior to insertion of an elongated member.

77. (original): The method of claim 72, wherein the sleeves cross substantially at or near the incision following insertion of the bone fastener assemblies.

78. (original): The method of claim 72, further comprising initially inserting an elongated member substantially longitudinally down one of the sleeves.

79. (original): The method of claim 72, wherein an adjustable positioner is used to guide an elongated member down the sleeves, through a tissue plane, and into the bone fastener assemblies.

80. (original): The method of claim 79, further comprising rotating the elongated member subcutaneously to position the elongated member in the bone fastener assemblies.

81. (original): The method of claim 80, wherein the elongated member is rotated subcutaneously without visualization.

82. (original): The method of claim 72, further comprising securing an elongated member to the bone fastener assemblies.

83. (original): The method of claim 72, further comprising securing an elongated member to each bone fastener assembly with a closure member and counter torquing at least one of the sleeves above the incision while a tool portion of a closure member is sheared off.

84. (original): The method of claim 72, further comprising removing the sleeves from the bone fastener assemblies from above the incision.

85. (original): The method of claim 65, further comprising inserting an elongated member in the bone fastener assemblies and securing the elongated member to the bone fastener assemblies with closure members.

86. (original): A method for inserting a spinal stabilization system in a human spine, comprising:

making an incision in skin near human vertebrae to be stabilized;

inserting a first bone fastener assembly in the incision and securing the first bone fastener assembly to a first one of the human vertebrae to be stabilized;

creating a substantially trapezoidal tissue plane near the human vertebrae to be stabilized, wherein the substantially trapezoidal plane has a dimension near the human vertebrae that is larger than the opposite dimension near the incision; and

inserting a second bone fastener assembly in the incision and securing the second bone fastener assembly to a second one of the human vertebrae to be stabilized.

87. (original): The method claim 86, wherein the incision is made above and substantially between the human vertebrae to be stabilized.

88. (original): The method claim 86, further comprising moving the incision to create the substantially trapezoidal tissue plane.

89. (original): The method claim 86, wherein the human vertebrae to be stabilized comprise two human vertebrae, and wherein the substantially trapezoidal plane is near the two human vertebrae.

90. (original): The method claim 86, wherein the human vertebrae to be stabilized comprise three human vertebrae, and wherein the substantially trapezoidal plane is near the three human vertebrae.

91. (original): The method claim 86, further comprising inserting a third bone fastener assembly into a third one of the human vertebrae to be stabilized.

92. (original): The method claim 86, wherein the first bone fastener assembly is coupled to a first sleeve, and wherein the second bone fastener assembly is coupled to a second sleeve.

93. (original): A method for inserting a spinal stabilization system in a human spine, comprising:

making an incision near human vertebrae to be stabilized;

inserting a first bone fastener assembly in the incision and securing the first bone fastener assembly to a first one of the human vertebrae;

creating a tissue plane between the first bone fastener assembly and another one of the human vertebrae to be stabilized;

inserting one or more other bone fastener assemblies in the incision and securing each of the other bone fastener assemblies to another one of the human vertebrae to be stabilized; and

bending an elongated member to allow coupling of the bone fastener assemblies with the elongated member without substantially enlarging a length of the incision.

94. (original): The method of claim 93, wherein a shape of the tissue plane is substantially trapezoidal.

95. (original): The method of claim 93, wherein each bone fastener assembly is coupled to a sleeve.

96. (original): The method of claim 95, further comprising inserting at least one end of the elongated member in at least one channel in at least one of the sleeves, guiding the elongated member through the incision, and advancing the elongated member through the tissue plane toward the bone fastener assemblies.

97. (original): The method of claim 95, further comprising securing the elongated member to the bone fastener assemblies.

98. (original): The method of claim 95, further comprising securing an elongated member to each bone fastener assembly with a closure member and counter torquing at least one of the sleeves above the incision while a tool portion of a closure member is sheared off.

99. (original): The method of claim 95, further comprising removing the sleeves from the bone fastener assemblies from above the incision.

100. (original): A method of inserting a spinal stabilization system in a human spine, comprising:

making an incision in skin near human vertebrae to be stabilized;

inserting a first bone fastener assembly coupled to a first sleeve in the incision and securing the first bone fastener assembly to a first one of the human vertebrae;

allowing the incision to determine an angle of the first sleeve relative to a bone fastener of the first bone fastener assembly;

creating a tissue plane between the first sleeve and another one or more of the human vertebrae to be stabilized;

inserting one or more other bone fastener assemblies, each coupled to a sleeve, in the incision and securing each of the other bone fastener assemblies to another one of the human vertebrae to be stabilized; and

guiding an elongated member down at least one channel in at least one of the sleeves, through the incision, and through the tissue plane toward the bone fastener assemblies.

101. (original): The method of claim 100, further comprising moving the incision toward the first one of the human vertebrae to be stabilized before inserting the first bone fastener assembly.

102. (original): The method of claim 100, further comprising using the first sleeve to move the incision toward the first one of the human vertebrae to be stabilized before inserting the first bone fastener assembly.

103. (original): The method of claim 100, wherein the tissue plane has a substantially trapezoidal shape.

104. (original): The method of claim 100, further comprising advancing the elongated member through the tissue plane without visualization.

105. (original): The method of claim 100, further comprising rotating the elongated member subcutaneously without visualization and securing the elongated member to the bone fastener assemblies.

106. (original): A positioner for positioning an elongated member in a portion of a spinal implant system, comprising:

a hollow outer shaft comprising a first end and a second end, wherein the first end is coupled to a handle and the second end is coupled to a grasping member;

an inner shaft comprising a first end and a second end, wherein the first end is proximate the handle, and the second end is proximate the grasping member;

wherein the inner shaft is positioned in the outer shaft such that the inner shaft can move in the outer shaft;

wherein the positioner is configured to grasp an elongated member between the grasping member and the second end of the inner shaft during use; and

wherein the positioner is configured to allow a user of the positioner to grasp an elongated member and position the elongated member in the portion of the spinal implant system in a human body.

107-119. (cancelled)

120. (original): A method of positioning an elongated member in a portion of a spinal stabilization system coupled to human vertebrae, comprising:

grasping the elongated member with a tool, wherein an angle between the elongated member and a shaft of the tool is determined by a user of the tool;

inserting the elongated member through an incision in skin near the human vertebrae, wherein an angle of the elongated member relative to the skin during insertion is determined by the user of the tool;

advancing the elongated member through a tissue plane toward the portion of the spinal stabilization system; and

positioning the elongated member in the portion of the spinal stabilization system, wherein an angle between the elongated member and the shaft of the tool is adjustable by the user during the positioning.

121. (cancelled)

122. (cancelled)